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|                                                                                                                                 |                                                                                          |                                                                                                                                                                                                                               |                                             |                                                  |                                             |                            |                           |          |                                       |           |                        |          |                        |  |                        |  |        |  |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------|---------------------------------------------|----------------------------|---------------------------|----------|---------------------------------------|-----------|------------------------|----------|------------------------|--|------------------------|--|--------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD                                                                                     |                                                                                          |                                                                                                                                                                                                                               |                                             |                                                  | Application or Docket Number<br>10/590,746  |                            | Filing Date<br>08/25/2006 |          | <input type="checkbox"/> To be Mailed |           |                        |          |                        |  |                        |  |        |  |
| APPLICATION AS FILED – PART I                                                                                                   |                                                                                          |                                                                                                                                                                                                                               |                                             |                                                  | OTHER THAN<br>SMALL ENTITY                  |                            |                           |          |                                       |           |                        |          |                        |  |                        |  |        |  |
| (Column 1)                                                                                                                      |                                                                                          | (Column 2)                                                                                                                                                                                                                    |                                             | SMALL ENTITY <input checked="" type="checkbox"/> |                                             | OR                         |                           |          | SMALL ENTITY                          |           |                        |          |                        |  |                        |  |        |  |
| FOR                                                                                                                             |                                                                                          | NUMBER FILED                                                                                                                                                                                                                  |                                             | NUMBER EXTRA                                     |                                             | RATE (\$)                  |                           | FEE (\$) |                                       | RATE (\$) |                        | FEE (\$) |                        |  |                        |  |        |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                                                             |                                                                                          | N/A                                                                                                                                                                                                                           |                                             | N/A                                              |                                             | N/A                        |                           | N/A      |                                       | N/A       |                        | N/A      |                        |  |                        |  |        |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))                                                            |                                                                                          | N/A                                                                                                                                                                                                                           |                                             | N/A                                              |                                             | N/A                        |                           | N/A      |                                       | N/A       |                        | N/A      |                        |  |                        |  |        |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))                                                       |                                                                                          | N/A                                                                                                                                                                                                                           |                                             | N/A                                              |                                             | N/A                        |                           | N/A      |                                       | N/A       |                        | N/A      |                        |  |                        |  |        |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(j))                                                                                                |                                                                                          | minus 20 =                                                                                                                                                                                                                    |                                             | *                                                |                                             | X \$ =                     |                           | X \$ =   |                                       | OR        |                        | X \$ =   |                        |  |                        |  |        |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                                                                          |                                                                                          | minus 3 =                                                                                                                                                                                                                     |                                             | *                                                |                                             | X \$ =                     |                           | X \$ =   |                                       | OR        |                        | X \$ =   |                        |  |                        |  |        |  |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))                                                               |                                                                                          | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                                             |                                                  |                                             |                            |                           |          |                                       |           |                        |          |                        |  |                        |  |        |  |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                      |                                                                                          |                                                                                                                                                                                                                               |                                             |                                                  |                                             | TOTAL                      |                           | TOTAL    |                                       | TOTAL     |                        | TOTAL    |                        |  |                        |  |        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                       |                                                                                          |                                                                                                                                                                                                                               |                                             |                                                  |                                             |                            |                           |          |                                       |           |                        |          |                        |  |                        |  |        |  |
| APPLICATION AS AMENDED – PART II                                                                                                |                                                                                          |                                                                                                                                                                                                                               |                                             |                                                  |                                             |                            |                           |          |                                       |           |                        |          |                        |  |                        |  |        |  |
| (Column 1)                                                                                                                      |                                                                                          | (Column 2)                                                                                                                                                                                                                    |                                             | (Column 3)                                       |                                             | OTHER THAN<br>SMALL ENTITY |                           |          |                                       |           | SMALL ENTITY           |          |                        |  |                        |  |        |  |
| AMENDMENT                                                                                                                       | 02/25/2009                                                                               |                                                                                                                                                                                                                               | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                                  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                            | PRESENT<br>EXTRA          |          | RATE (\$)                             |           | ADDITIONAL<br>FEE (\$) |          | RATE (\$)              |  | ADDITIONAL<br>FEE (\$) |  |        |  |
|                                                                                                                                 | Total (37 CFR 1.16(j))                                                                   |                                                                                                                                                                                                                               | * 18                                        |                                                  | Minus                                       |                            | ** 20                     |          | = 0                                   |           | X \$26 =               |          | 0                      |  | OR                     |  | X \$ = |  |
|                                                                                                                                 | Independent (37 CFR 1.16(h))                                                             |                                                                                                                                                                                                                               | * 3                                         |                                                  | Minus                                       |                            | ***3                      |          | = 0                                   |           | X \$110 =              |          | 0                      |  | OR                     |  | X \$ = |  |
|                                                                                                                                 | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |                                                                                                                                                                                                                               |                                             |                                                  |                                             |                            |                           |          |                                       |           |                        |          |                        |  |                        |  |        |  |
|                                                                                                                                 | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                                                                                                                                                                                                               |                                             |                                                  |                                             |                            |                           |          |                                       |           |                        |          |                        |  |                        |  |        |  |
|                                                                                                                                 | TOTAL ADD'L FEE                                                                          |                                                                                                                                                                                                                               | 0                                           |                                                  | OR                                          |                            | TOTAL ADD'L FEE           |          |                                       |           |                        |          |                        |  |                        |  |        |  |
| (Column 1)                                                                                                                      |                                                                                          | (Column 2)                                                                                                                                                                                                                    |                                             | (Column 3)                                       |                                             | AMENDMENT                  |                           |          |                                       |           | AMENDMENT              |          |                        |  |                        |  |        |  |
| AMENDMENT                                                                                                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                |                                                                                                                                                                                                                               | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                                                  | PRESENT<br>EXTRA                            |                            | RATE (\$)                 |          | ADDITIONAL<br>FEE (\$)                |           | RATE (\$)              |          | ADDITIONAL<br>FEE (\$) |  |                        |  |        |  |
|                                                                                                                                 | Total (37 CFR 1.16(j))                                                                   |                                                                                                                                                                                                                               | *                                           |                                                  | Minus                                       |                            | **                        |          | =                                     |           | X \$ =                 |          |                        |  | OR                     |  | X \$ = |  |
|                                                                                                                                 | Independent (37 CFR 1.16(h))                                                             |                                                                                                                                                                                                                               | *                                           |                                                  | Minus                                       |                            | ***                       |          | =                                     |           | X \$ =                 |          |                        |  | OR                     |  | X \$ = |  |
|                                                                                                                                 | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |                                                                                                                                                                                                                               |                                             |                                                  |                                             |                            |                           |          |                                       |           |                        |          |                        |  |                        |  |        |  |
|                                                                                                                                 | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                                                                                                                                                                                                               |                                             |                                                  |                                             |                            |                           |          |                                       |           |                        |          |                        |  |                        |  |        |  |
|                                                                                                                                 | TOTAL ADD'L FEE                                                                          |                                                                                                                                                                                                                               | 0                                           |                                                  | OR                                          |                            | TOTAL ADD'L FEE           |          |                                       |           |                        |          |                        |  |                        |  |        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                           |                                                                                          |                                                                                                                                                                                                                               |                                             |                                                  |                                             |                            |                           |          |                                       |           |                        |          |                        |  |                        |  |        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".                                       |                                                                                          |                                                                                                                                                                                                                               |                                             |                                                  |                                             |                            |                           |          |                                       |           |                        |          |                        |  |                        |  |        |  |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".                                        |                                                                                          |                                                                                                                                                                                                                               |                                             |                                                  |                                             |                            |                           |          |                                       |           |                        |          |                        |  |                        |  |        |  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                                                          |                                                                                                                                                                                                                               |                                             |                                                  |                                             |                            |                           |          |                                       |           |                        |          |                        |  |                        |  |        |  |
| Legal Instrument Examiner:<br>/DENISE t. LILES/                                                                                 |                                                                                          |                                                                                                                                                                                                                               |                                             |                                                  |                                             |                            |                           |          |                                       |           |                        |          |                        |  |                        |  |        |  |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" in THIS STATE is less than 3, enter "3".

## Legal Instrument Examiner:

## Legal instrument /DENISE t. LILES/

The Highest Number Previously Paid for (Total or Independent) is the highest number found in the appropriate box in Column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**